

# FABS

## FACILITATORS AND BARRIERS SURVEY / MOBILITY

Survey date: \_\_\_\_\_ (MM/DD/YYYY)

This interview is completely voluntary on your part. Thank you for agreeing to participate. The questions in this survey will take about 20-30 minutes of your time to answer.

The purpose of the survey is to find out about how you interact with several aspects of the environment. The first part includes questions on the influence of various environmental factors on your participation in major life activities. The second part asks questions about the accessibility of your community environment.

For questions involving devices and adaptations, the following examples may help you:

Specialized bathroom equipment: grab bars, roll-in shower, raised toilet seat, etc.

Specialized kitchen equipment: adjustable shelving, reacher, lowered oven, etc.

Specialized exercise equipment: swimming flotation device, gripping gloves, adapted gym equipment, etc.

***Thank you for continuing with the questionnaire.***

\*\*\*\*\*

### For Office Use Only

Participant ID Number: \_\_\_\_\_

Survey Number: \_\_\_\_\_

Method of data collection:  Paper survey

Web-based survey

Data entry: Date - \_\_\_\_\_ (MM/DD/YYYY)

ID - \_\_\_\_\_ (initials)

Data check: Date - \_\_\_\_\_ (MM/DD/YYYY)

ID - \_\_\_\_\_ (initials)

## Section 1 – Personal Mobility Devices

The next questions are about personal mobility devices that you use, how frequently you use them and how they influence your participation in the community. Mobility devices include a manual wheelchair, a power wheelchair, a scooter, crutches, a cane, a walker, an orthotic (brace), or transferring devices (lifts and boards).

**1.** Please check **one** of the following mobility devices that you use **most often** when you participate in community activities.

- |                                            |                                   |                                                                  |
|--------------------------------------------|-----------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Cane     | <input type="checkbox"/> Other device _____                      |
| <input type="checkbox"/> Power wheelchair  | <input type="checkbox"/> Crutches | <input type="checkbox"/> Do not use any type of mobility device* |
| <input type="checkbox"/> Scooter           | <input type="checkbox"/> Walker   | <b>(*Go to page 3.)</b>                                          |
|                                            |                                   | <input type="checkbox"/> I prefer not to answer                  |

**2. (Wheelchair/Scooter) Make \_\_\_\_\_ Year Purchased \_\_\_\_\_ N/A \_\_\_\_\_**

|                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>a. How often do you use this device in your community?</b></p> <p>Always      Often      Sometimes      Never</p> <p><input type="checkbox"/>            <input type="checkbox"/>            <input type="checkbox"/>            <input type="checkbox"/></p> <p style="text-align: center;">I prefer not to answer</p> <p style="text-align: center;"><input type="checkbox"/></p> | <p><b>b. How does your device influence your participation in community activities?</b></p> <p>Helps a lot      Helps some      Limits some      Limits a lot</p> <p><input type="checkbox"/>            <input type="checkbox"/>            <input type="checkbox"/>            <input type="checkbox"/></p> <p style="text-align: center;">I prefer not to answer</p> <p style="text-align: center;"><input type="checkbox"/></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|







**In your home, do the following influence your participation in activities?**

**14. Room temperatures**

*Yes* →

**How much?**  *Help a lot*    *Help some*    *Limit some*    *Limit a lot*  
 I prefer not to answer

**How often?**  *Daily*    *Weekly*    *Monthly*    *Less than monthly*  
 I prefer not to answer

\*\*\*\*\*

*No* →

Room temperatures do not influence participation - Go to next question.

*I prefer not to answer* →

-Go to next question.





**22. Paved surfaces**

- Yes* → How much?  *Help a lot*  *Help some*  *Limit some*  *Limit a lot*  
 *I prefer not to answer*
- How often?  *Daily*  *Weekly*  *Monthly*  *Less than monthly*  
 *I prefer not to answer*
- \*\*\*\*\*
- No* → Paved surfaces do not influence participation - Go to next question.
- N/A* → Do not have them in my community - Go to next question.
- I prefer not to answer* → -Go to next question.

**23. Summer weather (heat and humidity)**

- Yes* → How much?  *Help a lot*  *Help some*  *Limit some*  *Limit a lot*  
 *I prefer not to answer*
- How often?  *Daily*  *Weekly*  *Monthly*  *Less than monthly*  
 *I prefer not to answer*
- \*\*\*\*\*
- No* → Summer weather does not influence participation - Go to next question.
- N/A* → Do not have these conditions in my community - Go to next question.
- I prefer not to answer* → -Go to next question.

**24. Winter weather (ice and snow)**

- Yes* → How much?  *Help a lot*  *Help some*  *Limit some*  *Limit a lot*  
 *I prefer not to answer*
- How often?  *Daily*  *Weekly*  *Monthly*  *Less than monthly*  
 *I prefer not to answer*
- \*\*\*\*\*
- No* → Winter weather does not influence participation - Go to next question.
- N/A* → Do not have these conditions in my community - Go to next question.
- I prefer not to answer* → -Go to next question.

**25. Rain**

- Yes* → How much?  *Help a lot*  *Help some*  *Limit some*  *Limit a lot*  
 *I prefer not to answer*
- How often?  *Daily*  *Weekly*  *Monthly*  *Less than monthly*  
 *I prefer not to answer*
- \*\*\*\*\*
- No* → Rain does not influence participation - Go to next question.
- I prefer not to answer* → -Go to next question.

**In your community, do the following influence your participation in activities?**

| <b>26. Noise</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Yes →</b><br><br><input type="checkbox"/> <b>No →</b><br><input type="checkbox"/> <i>I prefer not to answer →</i> | <p>How much? <input type="checkbox"/> <i>Help a lot</i> <input type="checkbox"/> <i>Help some</i> <input type="checkbox"/> <i>Limit some</i> <input type="checkbox"/> <i>Limit a lot</i><br/> <input type="checkbox"/> <i>I prefer not to answer</i></p> <p>How often? <input type="checkbox"/> <i>Daily</i> <input type="checkbox"/> <i>Weekly</i> <input type="checkbox"/> <i>Monthly</i> <input type="checkbox"/> <i>Less than monthly</i><br/> <input type="checkbox"/> <i>I prefer not to answer</i></p> <p>*****</p> <p>Noise does not influence participation - Go to next question</p> <p>-Go to next question.</p> |

| <b>27. Crowds</b>                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Yes →</b><br><br><input type="checkbox"/> <b>No →</b><br><input type="checkbox"/> <i>I prefer not to answer →</i> | <p>How much? <input type="checkbox"/> <i>Help a lot</i> <input type="checkbox"/> <i>Help some</i> <input type="checkbox"/> <i>Limit some</i> <input type="checkbox"/> <i>Limit a lot</i><br/> <input type="checkbox"/> <i>I prefer not to answer</i></p> <p>How often? <input type="checkbox"/> <i>Daily</i> <input type="checkbox"/> <i>Weekly</i> <input type="checkbox"/> <i>Monthly</i> <input type="checkbox"/> <i>Less than monthly</i><br/> <input type="checkbox"/> <i>I prefer not to answer</i></p> <p>*****</p> <p>Crowds do not influence participation - Go to next question</p> <p>-Go to next question.</p> |

| <b>28. Specialized exercise equipment</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Yes →</b><br><br><input type="checkbox"/> <b>No →</b><br><input type="checkbox"/> <b>N/A →</b><br><input type="checkbox"/> <i>I prefer not to answer →</i> | <p>How much? <input type="checkbox"/> <i>Help a lot</i> <input type="checkbox"/> <i>Help some</i> <input type="checkbox"/> <i>Limit some</i> <input type="checkbox"/> <i>Limit a lot</i><br/> <input type="checkbox"/> <i>I prefer not to answer</i></p> <p>How often? <input type="checkbox"/> <i>Daily</i> <input type="checkbox"/> <i>Weekly</i> <input type="checkbox"/> <i>Monthly</i> <input type="checkbox"/> <i>Less than monthly</i><br/> <input type="checkbox"/> <i>I prefer not to answer</i></p> <p>*****</p> <p>This equipment does not influence participation – Go to next section.</p> <p>Do not have this equipment in my community - Go to next section.</p> <p>-Go to the next section.</p> |

### Section 3 – Community Environment: Destination site access

The following questions relate to how the accessibility of buildings influences your participation in doing activities at selected sites in your community.

In this first section, accessibility refers to your ability to go into and move around inside the various places listed. Things that can affect accessibility include doorway size, the weight of doors, the direction a door opens or how fast it closes; convenient location of ramps, if applicable; availability of elevators or escalators; the size of restrooms; the location of furniture in a room, etc.

Since many sites are not accessible for all people, questions in the first section cover either situation. The question can be used to imply "accessibility" or "inaccessibility," whichever way fits your experience at the specified site. Each person's own needs should dictate accessibility of the site. Keep in mind that you should choose only one response for the accessibility question.

If you find the site to be accessible, your response would either be "Helps some" or "Helps a lot." An example of an accessible site would be a restaurant where tables are not spaced close together and chairs can be moved away from the table to accommodate someone in a wheelchair. However, if you find a site inaccessible, your response would either be marked "Limits some" or "Limits a lot." An example of an inaccessible site would be a fast-food restaurant where the chairs are attached to the table. Someone in a wheelchair may not be able to get to the table.

If accessibility of a site (grocery store, movie theater, etc.) does not facilitate or hinder your participation in activities taking place there, mark "Has no effect/Have no effect." You may also mark if you do not go to a particular site.

If your access to a site limits your participation (doing activities at the site), then you will be asked to check those barriers that keep you from participating.

**29. How does the accessibility of **your grocery store** influence your participation in shopping?**

- Helps a lot    Helps some    Has no effect    Limits some    Limits a lot  
Do not shop for groceries    I prefer not to answer



Is access **limited by...**    **(Check all that apply.)**

- Physical structure     Lack of transportation     **None of these**  
 Parking     Lack of special equipment     **Not limited**  
 *I prefer not to answer*







### Section 3 – Community Environment: Services, Attitudes & Policies

The next questions ask about how personal support and the services of people providing that support influence your participation. The first part of the question asks you about how frequently you go to or use a service (more than twice a week, once or twice a week, once a month, once or twice a year, rarely or never). The second part of the question asks about how much the care provided by the service providers influences your participation in your daily activities at home or in your community (helps a lot, helps some, limits some, limits a lot). The third portion of the question asks about how the attitudes of the service providers influence the use of the service. For example, does the attitude of your physician help a lot, help some, limit some or limit a lot your use of his/her health care services.

Please indicate how often you go to or use services from the people listed. Then mark how the services and the attitudes of these people influence your participation in activities.

42. How often do you go to a **doctor's office**?

- More than twice a week*
- Once or twice a week*
- Once or twice a month*
- Once or twice a year*
- Rarely*
- Never (Go to question #43)*
- I prefer not to answer (Go to question #43)*

\*\*\*\*\*

How does the **care** you receive influence your participation in daily activities?

- Help a lot*
- Help some*
- Have no effect*
- Limit some*
- Limit a lot*
- I prefer not to answer*

\*\*\*\*\*

How do the **attitudes** of doctors influence your use of health care services?

- Help a lot*
- Help some*
- Have no effect*
- Limit some*
- Limit a lot*
- I prefer not to answer*

43. How often do you see a **therapist**? (For this question, therapists include occupational therapists, physical therapists, recreational therapists, and speech therapists)

- More than twice a week*
- Once or twice a week*
- Once or twice a month*
- Once or twice a year*
- Rarely*
- Never (Go to question #44)*
- I prefer not to answer (Go to question #44)*

\*\*\*\*\*

How does the **therapy** you receive influence your participation in daily activities?

- Help a lot*
- Help some*
- Have no effect*
- Limit some*
- Limit a lot*
- I prefer not to answer*

\*\*\*\*\*

How do the **attitudes** of therapists influence your use of therapy services?

- Help a lot*
- Help some*
- Have no effect*
- Limit some*
- Limit a lot*
- I prefer not to answer*

44. How often do you use the services of **paid personal attendants**?

- More than twice a week*       *Once or twice a month*       *Rarely*
- Once or twice a week*       *Once or twice a year*       *Never (Go to question #45)*
- I prefer not to answer (Go to question #45)*

\*\*\*\*\*

How does the **personal assistance** you receive influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do the **attitudes** of personal attendants influence your use of personal attendant services?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
- 

45. How often do you ask for help from **family members**?

- More than twice a week*       *Once or twice a month*       *Rarely*
- Once or twice a week*       *Once or twice a year*       *Never (Go to question #46)*
- I prefer not to answer (Go to question #46)*

\*\*\*\*\*

How does their **help** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do their **attitudes** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
- 

46. How often do you ask for help from **friends**?

- More than twice a week*       *Once or twice a month*       *Rarely*
- Once or twice a week*       *Once or twice a year*       *Never (Go to question #47)*
- I prefer not to answer (Go to question #47)*

\*\*\*\*\*

How does their **help** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do their **attitudes** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
- 

47. How often do you ask for help from **peers** (such as colleagues at work or classmates)?

- More than twice a week*       *Once or twice a month*       *Rarely*
- Once or twice a week*       *Once or twice a year*       *Never (Go to question #48)*
- I prefer not to answer (Go to question #48)*

\*\*\*\*\*

How does the **help** of peers influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do the **attitudes** of peers influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
-

**48. How often do you ask for help from store clerks?**

- More than twice a week*       *Once or twice a month*       *Rarely*  
 *Once or twice a week*       *Once or twice a year*       *Never (Go to question #49)*  
 *I prefer not to answer (Go to question #49)*

\*\*\*\*\*

How do their **services** influence your participation in shopping?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do their **attitudes** influence your participation in shopping?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
- 

**49. How often do you ask for help from strangers?**

- More than twice a week*       *Once or twice a month*       *Rarely*  
 *Once or twice a week*       *Once or twice a year*       *Never (Go to question #50)*  
 *I prefer not to answer (Go to question #50)*

\*\*\*\*\*

How does their **help** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do their **attitudes** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
- 

**50. How often do you use a special equipment repair service?**

- More than twice a week*       *Once or twice a month*       *Rarely*  
 *Once or twice a week*       *Once or twice a year*       *Never (Go to question #51)*  
 *I prefer not to answer (Go to question #51)*

\*\*\*\*\*

How does their **service** influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*

\*\*\*\*\*

How do the **attitudes** of equipment repair personnel influence your participation in daily activities?

- Help a lot*    *Help some*    *Have no effect*    *Limit some*    *Limit a lot*    *I prefer not to answer*
-

**51.** The following questions are about **benefits** that may provide financial assistance to you. If you receive the benefit listed on the left, please **answer the follow-up question** on the right.

| a. Do you <b>receive</b> any of the following?                                               |                                                                             | b. To what extent does this benefit <b>influence your participation</b> in daily activities? |                                        |                                       |                                         |                                          |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> No<br>↓<br><br><input type="checkbox"/> I prefer not to answer<br>↓ | <input type="checkbox"/> <b>SSI</b><br>(Supplemental Security Income)       | Helps a lot<br><input type="checkbox"/>                                                      | Helps some<br><input type="checkbox"/> | No effect<br><input type="checkbox"/> | Limits some<br><input type="checkbox"/> | Limits a lot<br><input type="checkbox"/> |
|                                                                                              | I prefer not to answer<br><input type="checkbox"/>                          |                                                                                              |                                        |                                       |                                         |                                          |
|                                                                                              | <input type="checkbox"/> <b>SSDI</b> (Social Security Disability Insurance) | Helps a lot<br><input type="checkbox"/>                                                      | Helps some<br><input type="checkbox"/> | No effect<br><input type="checkbox"/> | Limits some<br><input type="checkbox"/> | Limits a lot<br><input type="checkbox"/> |
|                                                                                              | I prefer not to answer<br><input type="checkbox"/>                          |                                                                                              |                                        |                                       |                                         |                                          |
|                                                                                              | <input type="checkbox"/> <b>Worker's Compensation</b>                       | Helps a lot<br><input type="checkbox"/>                                                      | Helps some<br><input type="checkbox"/> | No effect<br><input type="checkbox"/> | Limits some<br><input type="checkbox"/> | Limits a lot<br><input type="checkbox"/> |
|                                                                                              | I prefer not to answer<br><input type="checkbox"/>                          |                                                                                              |                                        |                                       |                                         |                                          |
|                                                                                              | <input type="checkbox"/> <b>Vocational Rehabilitation</b>                   | Helps a lot<br><input type="checkbox"/>                                                      | Helps some<br><input type="checkbox"/> | No effect<br><input type="checkbox"/> | Limits some<br><input type="checkbox"/> | Limits a lot<br><input type="checkbox"/> |
|                                                                                              | I prefer not to answer<br><input type="checkbox"/>                          |                                                                                              |                                        |                                       |                                         |                                          |

**52.** How do the **policies of your workplace** (such as vacation policy, scheduling, frequency of breaks, and workload) influence your participation in employment?

- Not applicable   
  Help a lot   
  Help some   
  No effect   
  Limit some   
  Limit a lot  
 I prefer not to answer

**53.** How do the **policies of schools** (such as class schedules, use of assistive devices, or use of personal assistance) influence your participation in education?

- Not applicable   
  Help a lot   
  Help some   
  No effect   
  Limit some   
  Limit a lot  
 I prefer not to answer

**54.** In general, how do society's **standards of "appearance"** influence your participation in activities?

- Help a lot   
  Help some   
  No effect   
  Limit some   
  Limit a lot  
 I prefer not to answer

**55.** In general, how does society's **definition of "disability"** influence your participation in activities?

- Helps a lot   
  Helps some   
  No effect   
  Limits some   
  Limits a lot  
 I prefer not to answer

## Section 4 - Community Accessibility

For this section, accessibility refers to your ability to go into and move around inside the restrooms at various places listed, as well as readily use the facilities as needed. Things that can affect accessibility to restrooms include doorway size, the weight of doors, the direction a door opens or how fast it closes; convenient location and ease of using door handles and faucet handles; the height of hand soap and towel holders; the size of restroom stalls and availability of grab bars; etc.

How accessible are **restrooms** in ...

|                                      |                                                                                 |                                                                                         |                                                                                            |
|--------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>56. Your public library</b>       | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>57. Fast food restaurants</b>     | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>58. Non-fast food restaurants</b> | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>59. Movie theaters</b>            | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>60. Sports arenas</b>             | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>61. Shopping malls</b>            | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>62. Hotels</b>                    | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |
| <b>63. Airports</b>                  | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> I prefer not to answer |

**64. Overall**, how does the accessibility of **public restrooms** influence your participation in activities?

- Helps a lot   
 Helps some   
 Has no effect   
 Limits some   
 Limits a lot  
 Do not use public restrooms   
 I prefer not to answer

For this final section, accessibility can include: ability to get into or out of the designated form of transportation (lift to vehicle), available seating that accommodates your needs (bus, taxi, airplane, light rail), personnel who assist you in getting into airplane seat, locked down in a bus or hold door open on light rail and others items you might find of help for getting to use transportation devices.

**65. How accessible are the following types of transportation**

|                                                            |                                                                                |                                                                                         |                                                                                             |
|------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Your own car/van (not adapted)    | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Your own adapted car/van          | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Buses                             | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Taxis                             | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Airlines                          | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Light rail/subway                 | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Paratransit (such as Call-A-Ride) | <input type="checkbox"/> Not accessible<br><input type="checkbox"/> Don't know | <input type="checkbox"/> Somewhat accessible<br><input type="checkbox"/> Not applicable | <input type="checkbox"/> Very accessible<br><input type="checkbox"/> I prefer not to answer |

**66. If you had physical assistance from another person in completing this survey, what is that person's relationship to you?**

- No one helped me
- Family member
- Friend
- Paid personal attendant
- Other \_\_\_\_\_
- I prefer not to answer

***THIS IS THE END OF THE SURVEY.***

***THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT!***